



IFM

PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                        |
|------------------------|------------------------|
| Application Number     | 10/769,007             |
| Filing Date            | January 29, 2004       |
| First Named Inventor   | Brown, Susan Matthews  |
| Art Unit               | 3726                   |
| Examiner Name          | Christopher K. Agrawal |
| Attorney Docket Number | 017242-011500US        |

**ENCLOSURES** (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
|---|---|--|
- Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                                    |          |        |
|--------------|------------------------------------|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP |          |        |
| Signature    | <i>Mart C. Matthews</i>            |          |        |
| Printed name | Mart C. Matthews                   |          |        |
| Date         | December 8, 2005                   | Reg. No. | 26,201 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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| Signature             | <i>Connie Larson</i> |      |                  |
| Typed or printed name | Connie Larson        | Date | December 8, 2005 |



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On

Dec. 8, 2005

TOWNSEND and TOWNSEND and CREW LLP

By:

Carmie Lario

PATENT

Attorney Docket No.: 017242-011500US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Susan H. Matthews Brown et al.

Application No.: 10/769,007

Filed: January 29, 2004

For: METHOD FOR  
MANUFACTURING SUPPORT  
PILLOWS

Customer No.: 20350

Confirmation No. 7999

Examiner: Christopher K. Agrawal

Technology Center/Art Unit: 3726

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 22, 2005, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 5 of this paper.